VALLEY WEST COMMUNITY HOSPITAL 11 East Pleasant Ave. Sandwich, IL 60548 * (815)786-8484

[redacted] ADMIT DATE 10/04/11 TIME 1736 UNIT NO. N136686

LAST EDIT USER JMARTINEZ

PATIENT INFORMATION PRIVACY NOTICE GIVEN: Y DATE: 10/04/11

NAME	[redacted]	DIS DATE	TIME	PATIENT STATUS	REG ER
ADDRESS		DOB [redacted]	AGE 39	LOCATION	D.ED
		SEX M	MS S	ROOM/BED	
COUNTY		RACE WH		ACCOMMODATION	
PHONE		RELIGION		ADM SOURCE/PRIOR	ED / ER
OTHER PH		SS NO [redacted]			

EMPLOYER INFORMATION

NAME
ADDRESS

PHONE

ADVANCE DIRECTIVES

LIVING WILL
DATE ON FILE
HEALTH CARE POA
DATE ON FILE

PHYSICIAN INFORMATION

FAMILY
ATTENDING Rywak,Orest P. MD
PRIMARY
OTHER

GUARANTOR INFORMATION

NAME [redacted]
ADDRESS

PHONE
SS NO
RELATION SELF / SAME AS

EMPLOYER
ADDRESS

PHONE

PERSON TO NOTIFY

NAME BOYKO,MARIA
ADDRESS

PHONE (773)237-6922
WORK
RELATION MOTHER

INSURANCE INFORMATION LAST VISIT:

INS 1 MNEUMONIC: SP	INS 2 MNEUMONIC:	INS 3 MNEUMONIC:
PRIMARY SELF PAY INSURANCE	SECONDARY	TERTIARY
ADDRESS	ADDRESS	ADDRESS
PHONE	PHONE	PHONE
CERT	CERT	CERT
GROUP #	GROUP #	GROUP #
SUBSCRIBER BOYKO,BOHDAN	SUBSCRIBER	SUBSCRIBER
SUBS BDATE	SUBS BDATE	SUBS BDATE
AUTH #	AUTH #	AUTH #
RELATION SP	RELATION	RELATION

REASON FOR VISIT INJURY [FFUSE|ER|VWEATREG6-XP |D.ED

LOG # 1049080

Attachment # 16

ORDERED	TESTS	ENTERED
1939	☐ CBC ☐ Blood C & S	
	☐ PT ☐ PTT	
	☐ T & S ☐ T & Rh ☐ T & C x_____	
	☐ Basic Profile ☐ Comprehensive Profile	
	☐ ED Chem Profile	
	☐ R/O MI ☐ Non-Chest Pain	
	☐ Trauma Panel	
	☐ ED Pneumonia Protocol	
	☐ Troponin ☐ CPK	
	☐ UA / C & S, If Indicated	
	☐ Urine Culture & Sensitivity	
	☐ UCG ☐ BHCG ☐ ED Gyne	
	☐ ETOH ☐ UDS	
	☐ ASA ☐ acetaminophen	
	☐ Alcohol Panel ☐ Psych Panel	
	☐ Digoxin ☐ Dilantin ☐ Phenobarb	
	☐ Strep ☐ Mono ☐ LP ☐ Influenza	
	☐ Exposure protocol	
	☐ Sexual Assault Panel	
	☐ ABG ☐ EKG ☐ Repeat EKG _____	
	Reason:_____	
	C-Spine: CXR:	
	☐ X table lateral ☐ 2-view	
	☐ 3-view ☐ Portable	
	☐ Pelvis ☐ LS Spine	
	☐ Abdominal Series ☐ KUB	
	Reason:_____	
	☐ Hold X-ray pending UCG 1915	
	CT: ☐ Head ☐ Cervical/recon	
	☐ Chest P.E. Facial	
	☐ Chest with contrast	
	☐ Chest without contrast	
	Abdomen/Pelvis: Bones	
	☐ Stone Protocol	
	☐ W Contrast 1930	
	☐ Oral Contrast	
	☐ Rectal Contrast	
	Reason:_____	
	US: ☐ GB/LVR/PAN	
	☐ Venous: Left_____ Right_____	
	Pelvic: ☐ Routine	
	☐ OB	
	☐ Testicular	
	☐ Appendix ☐ Aorta	
	Reason:_____	
	☐ Old Record	

Hemoccult: ☐ positive ☐ negative based on verified controls

☐ Trauma:_____

Time of decision to transfer _____

DISCHARGE TIME 2110

WEIGHT _____ ALLERGIES _____

ORDERED	MEDICATION/ TREATMENT	TIME DONE/ INITIALS
1940	Vicodin 1 po	1940
	Tdap 2cc IM	1940
	bacitracin to abrasions	2100
	(L) UDS/HDA (E) 31 MAR 13 0.5 mL – Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed, Adacel® US Govt Lic #1726 Mfd by: Sanofi Pasteur Limited Rx only 5436 –	

PAIN Management_____

☐ Orthostatic VS: Flat_____ Sit_____ Stand_____

☐ Peak Flow: Pre-treatment_____ Post-treatment_____

☐ Visual Acuity:

Uncorrected R_____ L_____ Both_____

Corrected R_____ L_____ Both_____

Pinhole R_____ L_____ Both_____

DIAGNOSIS:

1. Multiple Facial Contusions
2. Facial abrasion

Critical Care Time: Decision to Admit Time:

DISPOSITION:

Endorsed to Lloyd.

3. Acute corneal stain.
4. Abdominal trauma

per Dr Lloyd

Rx Tramadol 50 #20

Ibuprofen 800 #15

PHYSICIAN SIGNATURE: ☐ CHART DICTATED #: [redacted]

LABEL: [redacted]

Sex: M Age: 39

Patient Status: REG ER

Srv/Loc: D.ED

Adm/Svc Date: 10/04/11 Time: 1738

[redacted]

CHIEF COMPLAINT: [redacted] **ONSET:**

PRE-HOSPITAL: ☒ Home ☐ Nursing Home ☐ Workplace ☐ Other: **Accompanied by:** ☒ Self ☐ Family ☐ Friend ☐ Other:

Cart Time: 1830 | Waiting Rm Time: | Mode of Arrival: ☐ Ambulance ☒ Ambulatory ☐ Police ☐ Carried ☐ Wheelchair

Patient Name: [redacted]

Address:

Phone:

Primary Physician:

Allergies: NKA

☐ Patient has no active medications

☐ Medication Reconciliation Form initiated

Past Medical History / Surgery: [redacted]

☐ Prior hospitalization 90 days ☐ Currently utilizing Visiting Nurse

☐ Nursing Home:

Infectious Disease History:

☐ MRSA ☐ VRE ☐ Hepatitis

☐ TB exposure/ exposure hx

☐ Unknown

Isolation: ☒ Standard Precautions ☐ Airborne ☐ Airborne/ Contact ☐ Contact ☐ Contact/ Droplet

CODE STATUS: ☒ Full Code ☐ DNR

☐ Comment

Documentation of:

☐ Advance Directives ☐ POA for Health Care

Time: 1830

T 98.2 ☐ Oral ☐ Rectal ☐ Axillary

P 80 ☐ Regular ☐ Irregular

R 17 ☐ Non-labored ☐ Labored

BP 140/76 ☐ Right Arm ☐ Left Arm

SaO2 97 ☐ Room Air

Pain Scale #10

☐ Location Lower Back

Weight 156 ☐ Stated ☐ Scale

Height 5'5 ☐ Stated

Time:

T ☐ Oral ☐ Rectal ☐ Axillary

P ☐ Regular ☐ Irregular

R ☐ Non-labored ☐ Labored

BP ☐ Right Arm ☐ Left Arm

SaO2 ☐ Room Air

Pain Scale

☐ Location

Time:

T ☐ Oral ☐ Rectal ☐ Axillary

P ☐ Regular ☐ Irregular

R ☐ Non-labored ☐ Labored

BP ☐ Right Arm ☐ Left Arm

SaO2 ☐ Room Air

Pain Scale

☐ Location

PATIENT INFORMATION:

Interpreter ☐ In-house interpreter used ☐ Phone ID#

Tetanus Hx: ☐ Up-to-date ☒ Needs ☐ N/A

Immunization: ☐ Up-to-date ☐ Needs ☐ N/A

LMP Prior to 30 wks Lactating ☐ Yes ☒ No

Loss of Consciousness: ☐ Yes ☐ No ☐ Unknown

GCS 15 **TS** 12 ☐ N/A

Smoking: 1 ppd/day ☐ Non ☐ Quit < 1 year

Exposure to 2nd hand smoke ☐ Yes ☐ No

Substance Abuse: ☐ C: Cut Down ☐ A: Annoyed ☐ G: Guilty ☐ E: Eye Opener ☐ Denies all

☐ **Travel Outside the United States:**

Triage Category: I II III IV V **Triage RN Signature:**

MENTAL STATUS		CIRCULATORY [ ] N/A		EYES [ ] N/A	NECK [ ] N/A	GYN [ ] N/A
☒ Alert	☒ Oriented to person	☒ Normal for race	☐ Dry	☒ Equal	☐ Non-tender	☐ Bleeding
☐ Responds to verbal	☒ Oriented to place	☐ Pale	☐ Diaphoretic	☐ Unequal	☐ Tender	☐ Discharge
☐ Responds to pain	☒ Oriented to time	☐ Flushed	☐ Warm	☐ Reactive	☐ Rigidity	☐ Preg ☐ Lactating
☐ Unresponsive	☒ No LOC	☐ Jaundiced	☐ Cool ☐ Hot	☐ Fixed	☐ Deformity	G P Ab
AIRWAY / LUNGS [ ] N/A	☐ LOC	☐ Cyanotic	☐ <2 Capillary Refill	4 Size 4		☐ EDC
☒ Open	☐ LOC unknown	☐	☐ >2 Capillary Refill	OD OS		☐ FHT
☐ Obstructed	**ABDOMEN** [ ] N/A	**NEURO** [ ] N/A		**EXTREMITIES** [ ] N/A		☐ HIV testing offered
☐ Clear	☐ Non-tender	**BOWEL SOUND**	☒ No deficit	☐ CMS intact		**BEHAVIOR** [ ] N/A
☐ Rales	☐ Tender	☐ Present	☐ Weakness	☒ Edema		☐ Calm ☐ Cooperative
☐ Wheezes	☐ Soft	☐ Hyper	[ ] Right [ ] Left	☐ Deformity		☐ Withdrawn ☐ Active
☐ Rhonchi	☐ Firm	☐ Hypo	☐ Numbness	☐ Peripheral pulses		☐ Anxious ☐ Agitated
☐ Diminished	☐ Rigid	☐ N & V x	[ ] Right [ ] Left	**NUTRITION** [ ] DENIES ALL		☐ Combative
☐ Absent	☐ Distended	☐ Diarrhea x	☐ Facial Droop	☐ Recent unintentional weight loss		**PEDIATRIC**
☐ Other:	☐ Non-Distended		[ ] Right [ ] Left	☐ Chewing / swallowing difficulties		Head circumference (15 months & under):
				☐ Skin breakdown / unhealed wound healing		

Signature of Assessing RN:

KISHHEALTH SYSTEM

[redacted]

EMERGENCY NURSING RECORD

LABEL: [redacted]

VIOLENCE ASSESSMENT

☐ Hurt ☐ Threatened
☑ Safe
☐ Safe Passage notified at 756-5228
Notified at: _____
Advocate arrival at: _____
☐ SAD Scale Form Completed

ACTIVITIES OF DAILY LIVING

Ambulates: ☑ Alone ☐ Walker ☐ Wheelchair ☐ Cane
Dresses: ☑ Alone ☐ With assist
Bathes: ☑ Alone ☐ With assist

INTERVENTIONS

☐ O2: NC ____ L NRB ____ L ☐ BP Monitoring
☐ Central Cardiac Monitoring, Rhythm: _____
IV start: time _____ site _____ G _____ ☐ field
IV discontinue time _____
☐ Gluco Check: _____ ☐ Asepsis

☐ C-Collar ☐ Backboard ☐ Head immobilizer
☑ Call light ☑ Side rails up ☐ Crutches
☐ Ice ☐ Elevation ☐ Knee Brace
☐ Sling ☐ Splint ☐ Smoking cessation education
☐ Police notified: Time: _____ Agency _____

NURSING DIAGNOSIS

☐ Respiratory Function, Impaired ☐ Airway Clearance, Ineffective
☐ Fluid Volume, Deficit ☐ Thermoregulation, Ineffective
☐ Tissue Perfusion, Altered ☐ Knowledge, Deficit
☑ Tissue Integrity, Impaired ☐ Adjustment, Impaired
☑ Pain ☐ Mobility, Impaired Physical

☐ Infection, Potential ☐ Violence, Risk for
☐ Substance Abuse, Risk for ☐ Altered Nutrition, Risk for
☐ Altered activities of daily living ☐ Spiritual Distress
☐ Transcultural considerations ☐ Other: _____

FALL RISK ASSESSMENT

☑ None
☐ Age 60-74
☐ > 75 years old
☐ Altered mobility
☐ Assistive devices

EVALUATION

☐ = Needs reinforcement of content
☐ = Demonstrates with assist / supervision
☐ = Demonstrates independently
☑ = Verbalizes understanding
☐ = Offered and refused teaching

☑ Teaching plan discussed with patient/family.
Date: 10/4/11 Initials: [redacted]

EDUCATION ASSESSMENT

BARRIERS:
☑ None
☐ Physical
☐ Cultural / Spiritual
☐ Language / literacy
☐ Cognitive / sensory
☐ Emotional
☐ Financial concerns
☐ Motivation

READINESS:
☐ Eager
☑ Acceptance
☐ Refused

METHOD:
☐ Seeing
☑ Hearing
☐ Doing

[redacted]

☐ ADMISSION ☐ TRANSFER

Time ready _____ To _____ ☑ Wheelchair ☐ Cart

VALUABLES: ☐ None ☐ Patient ☐ Safe ☐ Family _____
☐ Dentures ☐ Upper ☐ Lower ☐ Glasses ☐ Contacts
☐ Prosthesis ☐ Walker ☐ Cane ☐ Hearing Aid ☐ Other: _____

VITALS (within 15 minutes of transport):
T _____ P _____ R _____ BP _____ SaO2 _____ Pain _____

GCS _____ TS _____ Intake _____ ml Output _____ ml

DISCHARGE

☑ Home ☐ AMA ☐ Return to work
☐ Police ☑ Ambulatory ☐ Wheelchair
☐ Crutches ☐ Carried

LEARNER: ☑ Patient ☐ Family ☐ Significant other
Critical Care Time: _____ minutes
RN SIGNATURE: [redacted] RN

KISHHEALTH SYSTEM

[redacted]

[redacted] Sex: M [redacted] Age: 39
Patient Status: REG ER
Srv/Loc: D.ED
[redacted] RM:

10/4/11

DATE/ TIME	TEMP	BP	HR	RESP	O2	PAIN	COMMENTS
1930							Pt requested a CT of Abd/pelvis due to having hernia repair in August and is concerned about possible damage. Pt has no complaint of abd pain - Dr. [redacted] aware. [redacted]
2005							Pt back from CT. Pt has a saline lock to his right AC 20g started per CT tech. [redacted]
2015							Pt states pain is better. 5/10 [redacted]
2100		137/74	76	16	99%	5/10	Bactram applied to wound. Saline lock discontinued. IV cath good, intact. Pressure bandage applied. No S/SX of redness or infiltration. - No c/o pain or distress. [redacted]
2110							Pt discharged from ED to friend. Steady gait. Pt given copies of xrays. Pt given x2 [redacted]

Signature: [redacted] Initials: [redacted]

Signature:

KISHHEALTH SYSTEM
KISHWAUKEE & VALLEY WEST COMMUNITY HOSPITAL
SANDWICH, IL 60548 {5/07, 10/07, 3/09, 8/11} pg 1 of 2
KHS6000\patientcareclinical\pp\nursingnotes +

NURSING NOTES

LABEL:

[redacted]

Patients Pharmacy: _____

Medication History Obtained from: ☐ Patient ☐ Wallet card or list ☐ Family / caregiver
☐ Nursing Home/Transfer List ☐ Medication bottles ☐ Other: _____ ☐ Discharge summary
☐ Retail Pharmacy Record ☐ Physician office records (of Dr. _____)
☒ NKA Allergies:

Herbals/Alternative:

Do Not Order	Change see orders	Order as written	Current Home Medications RX, OTC, OXYGEN, PATCHES, VITAMINS EYE DROPS, INHALERS, NEBULIZERS	Dose	Route PO INH,NEB Patch NC, Sub Q GTT, IM, IV	Frequency	Last Dose Date & Time	Discharge Orders: Continue as Written	Discharge Orders: Stop	RN: Transcribed to Home Care Instructions
			Norco					☐	☐	☐
			Motrin					☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐
								☐	☐	☐

PHYSICIAN OFFICE: Pneumovax current? ☐ YES ☐ NO ☐ Unknown
Current Flu vaccine? (Oct-Mar) ☐ YES ☐ NO ☐ Unknown

[signature] RN 10/4/11 1830
RN/Physician Documenting Home Med List Date Time

_____ _____/_____
Admit RN verifying/updating list (if not above person) Date Time
Initial additions or changes *Initials*_____

T.O. _____ _____/_____
Time Date

_____ _____/_____
Ordering Physician Signature **Date** **Time**

Scanned/Faxed to Pharmacy _____ Initials/Date _____/Time_____

Page _____ of _____

Add'l Discharge Medication Orders and/or changes

Medication	Dose	Route	Frequency	Script called in by RN	Transcribed
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Physician _____ Date _____ Time _____
RN _____ Date _____ Time _____
Pharmacy called:

KISHWAUKEE HEALTH SYSTEM
Kishwaukee and Valley West Community Hospitals

[redacted]

MEDICATION RECONCILIATION
ADMISSION & DISCHARGE ORDERS

[redacted]

LABEL:

[redacted] Sex: M [redacted] Age: 39

[redacted]

Exam: Head, fac. bones, C-spine, a/p Date: 10/4/11

☒ with IV Contrast ☐ with IV and Oral

Clinical History Current problem, symptoms, how long, area of tenderness, past history of surgery, hx Ca...

altercation Sunday 10/2/11, left side cheek and jaw pain, contusions, inguinal hernia sx Aug 2011, groin pain

Technologist performing exam: THohmann RTR(CT)

CONTRAST

☒ IV Contrast: 100 ml ☒ Isovue 370 ☐ Visipaque 320 ☒ Power Injection ☐ Hand Injection

☐ Oral Contrast: _____ ml ☐ Readi-Cat ☐ Oral Omnipaque ☐ Gastrografin

☐ Rectal contrast: _____ ml ☐ Gastrografin ☐ Barium mixture

GFR: _____ Lot ADIP567A Exp May 2014

Special instructions/Circumstances concerning exam:

PATIENT EDUCATION- Discussion and written form when appropriate

☒ Patient prepped appropriately ☒ Procedure explained ☒ IV/contrast explained ☒ Comfort/Pain level ____

Patient accepted ☒ Yes Verbalized Understanding ☒ Yes Discharge instructions understood ☐ Yes

Barriers/problems: _____

PATIENT SCREENING/ CARE ASSESSMENT

Allergies: Iodine/Barium/ x-ray dye: ☒ No ☐ Yes, which? _____

Allergy Pre Medication addressed? ☐ Yes ☒ No Pregnant: ☒ No ☐ Yes

Extended patient history reviewed on Medication Rec. form: ☒ Yes

Diabetic: ☒ No ☐ Yes Medication Reconciliation Reviewed: ☒ Yes Discharge Instructions: Verbal ☒ Yes

IV Catheter size: 20 Gauge IV Location: ☒ Antecubital ☐ Forearm ☐ Hand

IV start by: THohmann DC'd by _____

# of IV attempts 1 Post IV removal- Tip Intact? ☐ Yes ☐ No

Any complications of IV contrast or IV site during exam: ☒ No ☐ Yes- Explain: _____

KISHHEALTH SYSTEM
Kishwaukee & Valley West
Community Hospitals (5/10, 5/11)

[redacted]

CT HISTORY AND CONTRAST DATA SHEET

[redacted]

The following reconciliation of medications have been completed based on the information that you have provided: The Emergency physician reviewed your home medication list and with regards to today's visit:

☐ ***No changes are indicated.***
☐ ***The following changes to your home medication list are indicated:***

_____

_____

☐ ***No new medications have been prescribed.***
☐ ***The following new medications have been prescribed and prescriptions have been provided as needed.***

_____

_____

A copy of the medication list provided to us today with any changes listed above has been prepared for you.

Please contact your regular physician and/or pharmacist to verify your list of medications and to inform them of today's medication changes, if any, as directed by the Emergency Department physician.

[redacted]

KISH*HEALTH* SYSTEM

[redacted]

EMERGENCY DEPARTMENT PRESCRIPTIONS

LABEL

[redacted]

The Patient was given access to the following documents on Oct 4, 2011

CONTUSIONS IN ADULTS - General Information, English

[redacted]

The Patient was given access to the following documents on Oct 4, 2011

CERVICAL SPINE STRAIN - General Information, English

[redacted]

[redacted] 10/4/2011

The Patient was given access to the following documents on Oct 4, 2011

ACUTE WOUND CARE - General Information, English
Special Instructions:
KEEP WOUNDS CLEAN AND DRY. TAKE MOTRIN 800 MG THREE TIMES A DAY FOR PAIN. TAKE TRAMADOL 50 MG 1-2 TABS EVERY 4-6 HOURS AS NEEDED FOR PAIN. FOLLOW UP WITH DR TREVINO 630-552-7601 IN 2-3 DAYS. RETURN FOR WORSENING SYMPTOMS OR ANY OTHER PROBLEMS 815-786-3720.

I have received and understand the instructions in this handout.

X [redacted]
Patien[redacted]

RN
Caregiver's Signature

Caregiver's Name: LORIE RN

[redacted]

[redacted] 10/4/2011

[redacted]

CONSENT FOR TREATMENT: I hereby consent to the administration and performance of such medical treatments and diagnostic procedures as may be deemed advisable during the course of my hospitalization by my attending physician / emergency physician or his / her designee(s). This General Consent to Treatment is valid for all out-patient ancillary services provided by Kishwaukee Community Hospital (KCH) /Valley West Community Hospital (VWCH) for the period of one (1) calendar year unless otherwise revoked by the patient.

I understand that the Hospital is an institution which provides clinical training opportunities for medical, nursing, and allied health students. These training programs are provided by the Hospital solely and/or in cooperation with other institutions. I understand that the treatment and care provided me at KCH/VWCH may involve one or more students functioning under the direct supervision of my physician(s) and/or duly authorized designee(s) or the registered nurses and therapists assigned to my care.

RELEASE OF INFORMATION: I hereby authorize KCH/VWCH to release to my insurance companies, employer insurance groups, health plans, Medicaid / Medicare program, its insurance carriers or intermediaries, and authorized external review agencies, any medical records or other information concerning this treatment, including this patient authorization record, to process insurance claims and conduct utilization review procedures. It is my full understanding that the information /documentation to be disclosed may include sensitive information such as evaluation/treatment information for mental health, developmental disabilities, HIV and/or alcohol/ substance abuse/use unless specifically checked for exclusion: [ ]mental health, [ ]substance use/abuse, [ ] HIV [ ] developmental disabilities.

I authorize the release of medical information to health care providers in the continuum i.e. homecare, hospice, skilled care, durable medical equipment providers and Rehab services for the purpose of evaluating, planning and providing my continuing care upon release from the hospital.

PHYSICIAN SERVICES: I understand that I am financially responsible for the professional services of radiologist(s), pathologist(s), cardiologists, anesthesiologist(s), and other physician charges which are not billed by the hospital. **Physicians providing care are independent practitioners and are not employees or agents of KCH/VWCH.** I hereby authorize my third party payor to directly pay the above named parties or their service corporations. I hereby authorize release of information requested by insurance / billing agencies to the above named parties. KAS (Patient Initials).

MEDICARE: If I am an inpatient Medicare beneficiary, my signature only acknowledges that I have received a copy of "An Important Message from Medicare" from KCH/VWCH and does not waive any of my rights to request a review or make me liable for any payments. If I wish to exercise my right to request a review by the Quality Improvement Organization (QIO), I must have a "Notice of Noncoverage".

COMPLAINTS OR GRIEVANCES: Concerns, complaints or grievances about your care or treatment can be directed to *any* hospital staff person, Department Manager or Hospital Supervisors. You may also dial "0", and the hospital operator will direct your call to the appropriate party to address or resolve your concern. You may also contact the Illinois Department of Public Health, 217.782.4977, 525 W. Jefferson St., 5th Floor, Springfield, IL 62761, TTY 800.5470466; or the Guardianship and Advocacy Commission, 815.987.7657; or The Joint Commission,1.800.994.6610 (or complaint@jointcommission.org) regardless of whether you have reported your complaint to the hospital. Additional patient rights information is located in the patient rights brochure, or on the hospital website (kishhospital.org or vwch.org). KAS (Patient Initials)

FINANCIAL AGREEMENT AND PAYMENT GUARANTEE: I hereby assign KCH/VWCH all of my rights and claims for reimbursement under any Medicare, Medicaid, or other insurance policies for which benefits may be available for payment of services provided. I agree to pay KCH/VWCH the balance due of all charges not paid for by the above-mentioned coverage (excluding those charges not collectible pursuant to Medicare regulations). This may include the cost of collection and / or reasonable attorney's fees not to exceed the State's common usury fee schedule. This may also include review of my credit report. The hospital has an obligation to obtain credit information based upon the fact that services were provided which will allow for collection of the account and my authorization for these services creates a valid consumer transaction.

- I agree to provide the hospital with a valid telephone number (cell, wireless, and/or land line) in order to grant us and/or our agents or independent contractors your consent to receive calls for any billing and collection purposes.
- I have been made aware that information about the billing and payment policies is located in the Patient Guide.

RELEASE FROM RESPONSIBILITIES FOR VALUABLES: I understand that the hospital does not assume responsibility for personal possessions that are not placed in the hospital safe.

NOTICE OF PRIVACY PRACTICES: I have received a copy of the Notice of Privacy Practices from KCH/WVCH either to [redacted] mpletely describes how my health information is used and shared.

Signed [redacted] Date 10-4-2014

Relationship _____ Witness: _____

If signed by other than patient or patient consent unable to be obtained, check reason:

☐ Patient non-responsive ☐ Patient confused/disoriented ☐ Patient has been sedated ☐ Other: _____

KISHWAUKEE HEALTH SYSTEM

[redacted] [redacted] Sex: M [redacted]

[redacted]

PATIENT AUTHORIZATION RECORD

[redacted]

VALLEY WEST COMMUNITY HOSPITAL
11 E. Pleasant Avenue, Sandwich, Illinois 60548
(815) 786-8484

DI

DIAGNOSTIC IMAGING DEPARTMENT

Signed Report

PATIENT DATA:	**PHYSICIANS:**	**FACILITY DATA:**
NAME: [redacted]	ORD: Orest P. Rywak MD	MR# [redacted]
	ATT:	DAT
DOB: [redacted]	ADM:	ACC
SEX/AGE: M/39	PCP:	DEP ER/D.ED
HOME PH: [redacted]		

Exam: Computed tomography of the abdomen and pelvis during the intravenous administration of 100 mL of Isovue-370.

HISTORY: Hernia repair in August 2011 with pain in this area at this time.

FINDINGS: There is some is subcutaneous edema in the right inguinal region. I'm not certain this is related to the prior surgery or could be related to recent trauma. There is no evidence of hematoma or abscess. There is some prostate calcification identified. No bony abnormalities are detected. There is some dependent atelectasis in both lung bases. The liver, spleen, pancreas, adrenals and kidneys are normal. No evidence of ascites. No bowel pathology is identified. A normal appendix is visualized.

IMPRESSION:
1. No evidence of intra-abdominal traumatic injury.
2. Soft tissue stranding in the right inguinal region extending towards the scrotum. This may be related to prior surgery with residual change but I can't exclude some traumatic injury in this area. There is no evidence of mass to suggest hematoma or abscess.

Electronically signed by: Edwin Dolin MD

[redacted]

VALLEY WEST COMMUNITY HOSPITAL
11 E. Pleasant Avenue, Sandwich, Illinois 60548
(815) 786-8464

DI

DIAGNOSTIC IMAGING DEPARTMENT

Signed Report

PATIENT DATA:
NAME: [redacted]
DOB: [redacted]
SEX/AGE: M/39
HOME PH: [redacted]

PHYSICIANS:
ORD: Orest P. Rywak MD
ATT:
ADM:
PCP:

FACILITY DATA:
[redacted]
DEP ER/D.ED

Exam: Computed tomography the cervical spine with review of sagittal and coronal reformatted images.

HISTORY: Posterior neck pain posttrauma.

FINDINGS: Imaging includes C1-T1. There is no evidence of fracture or subluxation. There is degenerative disc disease at C4-C5 the C5-C6 and C6-C7 with disc space narrowing and osteophyte formation. There is likely some central spinal stenosis. There is mild right-sided neural foramen stenosis C4-C5 and moderate bilateral neural from stenosis at C5-C6 and slight left-sided neural from stenosis at C6-C7 secondary to degenerative spondylosis. The odontoid process is intact and prevertebral soft tissues are normal. The atlantoaxial relationship is normal.

IMPRESSION:
1. No evidence of acute traumatic injury.
2. Degenerative disease from C4 to C7 as discussed above.

Electronically signed by: Edwin Dolin MD

Dictated by: Edwin Dolin MD
D: 10/05/11/0919
Report Number: 1005-0015

[redacted]
CPD 0002570

VALLEY WEST COMMUNITY HOSPITAL
11 E. Pleasant Avenue, Sandwich, Illinois 60548
(815) 786-8484

DI

DIAGNOSTIC IMAGING DEPARTMENT

Signed Report

PATIENT DATA:	**PHYSICIANS:**	**FACILITY DATA:**
NAME: [redacted]	ORD: Orest P. Rywak MD	[redacted]
	ATT:	
DOB [redacted]	ADM:	
SEX/AGE: M/39	PCP:	DEP ER/D.ED
HOME PH: [redacted]		

EXAM: CT of the head without contrast

CLINICAL HISTORY: Altercation. Left cheek and jaw pain.

COMPARISON: None

FINDINGS: The ventricles and the sulci are within normal limits.

There is no evidence of acute intracranial hemorrhage, midline shift, or extra-axial fluid collections.

No gross mass lesion or CT evidence of acute territorial infarct.

No acute skull fracture.

Soft tissue swelling seen at frontal scalp and overlying the left cheek/zygoma.

IMPRESSION:
1. No CT evidence of acute intracranial hemorrhage, mass lesion, or acute territorial infarct.
2. No acute skull fracture.
3. Frontal scalp soft tissue swelling as well as soft tissue swelling overlying the left cheek/zygoma.

The preliminary report was provided by Dr. Anthony Powell from vision radiology upon completion of examination.

Electronically signed by: Sandy M. Kwak MD

Dictated by: Sandy M. Kwak MD
D: 10/05/11/0633
Report Number: 1005-0001

VALLEY WEST COMMUNITY HOSPITAL
11 E. Pleasant Avenue, Sandwich, Illinois 60548
(815) 786-8484

DI

DIAGNOSTIC IMAGING DEPARTMENT

Signed Report

PATIENT DATA:
NAME: [redacted]
DOB: [redacted]
SEX/AGE: M/39
HOME PH: [redacted]

PHYSICIANS:
ORD: Orest P. Rywak MD
ATT:
ADM:
PCP:

FACILITY DATA:
[redacted]
DEP ER/D.ED

Exam: Computed tomography of the facial bones with review of coronal reformatted images.

HISTORY: Blunt trauma to the left side of the cheek and jaw.

FINDINGS: No fractures are identified. There is no evidence of fluid in the sinuses. There is trace membrane thickening in the right maxillary sinus. There is considerable nasal septal deviation to the right. The ostomy a complex is normal.

IMPRESSION:
1. No evidence of a fracture.
2. Slight membrane thickening right maxillary sinus.
3. Nasal septal deviation to the right.

Electronically signed by: Edwin Dolin MD

[redacted]

VALLEY WEST COMMUNITY HOSPITAL
11 E. Pleasant Avenue, Sandwich, Illinois 60548
(815)786-8484

EMERGENCY DEPARTMENT RECORD

Signed Report

PATIENT DATA:
NAME: [redacted]

DOB: [redacted]
SEX/AGE: M/39
HOME PH: [redacted]

PHYSICIANS:
ED PHYS: Gregg W. Lloyd MD
PCP:

PT STATUS: DEP ER

FACILITY DATA:
[redacted]
TIME: 1736

ADDENDUM

The patient was endorsed to me by [redacted] at 7 p.m. He had been involved in an altercation a couple of days ago and was hit in the face and abdominal area. He had complaints of facial pain, neck pain, and abdominal pain.

LABORATORY DATA AND DIAGNOSTIC IMAGING: He had CT scan done of the neck, facial bones, abdomen, and pelvis. There were no fractures seen on the facial bones. There was some soft tissue swelling in the left malar area. No fractures or dislocations in the neck. The abdominal CT scan was essentially unremarkable.

DIAGNOSIS: Multiple facial contusions and facial abrasions.

DISPOSITION
1. Prescriptions for Tramadol 50 mg and ibuprofen 800 mg.
2. Follow up with [redacted] his primary care doctor.

Results discussed and questions answered in layman's terms to satisfaction. Understands the importance of follow up care as directed. If worsening of symptoms, problems, or questions, return to the emergency department. The patient acknowledges and agrees with disposition. The patient's symptoms are improving. No subjective or objective findings are life or limb threatening. Medically screened and stable for disposition (transfer) from the emergency department.

<<Signed Electronically>>
SIGNED BY:_____
Gregg W. Lloyd MD
10/10/11 0805

Dictated by: Gregg W. Lloyd MD
Transcribed by: RS
D: 10/04/11/2213
T: 10/07/11/2119
Confirmation #: 5548

VALLEY WEST COMMUNITY HOSPITAL
11 E. Pleasant Avenue, Sandwich, Illinois 60548
(815)786-8484

EMERGENCY DEPARTMENT RECORD

Signed Report

PATIENT DATA:
NAME: [redacted]

DOB: [redacted]
SEX/AGE: M/39
HOME PH: [redacted]

PHYSICIANS:
ED PHYS: Orest P. Rywak MD
PCP:

PT STATUS: DEP ER

FACILITY DATA:
[redacted]

TIME: 1736

CHIEF COMPLAINT: Injury.

HISTORY OF PRESENT ILLNESS [redacted] is a 39-year-old male who was involved in an altercation Sunday night with blunt injuries to the face and to his lower abdomen. Today, he complains of persistent discomfort on his left face. No visual disturbance. He does complain of mild neck pain along the right aspect of the neck. No focal neurologic complaints. No vomiting or diarrhea. He is eating and drinking without difficulty. No dysuria. He recently had a hernia repair, right inguinal , and states he was struck to that area during the altercation. The wound is dressed and still has Steri-Strips.

PAST MEDICAL HISTORY: Herniated disk.

PAST SURGICAL HISTORY: Hernia repair.

MEDICATIONS: Please see the medication reconciliation sheet. Vaccines are not up to date.

ALLERGIES: No known allergies.

SOCIAL HISTORY: Positive tobacco. Negative alcohol. No travel history.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Negative, except as above.

PHYSICAL EXAMINATION: Vital signs and triage note reviewed.
GENERAL: Alert and cooperative. Nontoxic and in no acute distress.
HEENT: Pupils equal, round, and reactive to light and accommodation. Extraocular movements intact. Cranial nerves within normal limits. Nares are patent. Oral mucosa is atraumatic. There is soft tissue swelling noted at the left malar eminence. Tympanic membranes are within normal limits.
NECK: No jugular venous distension, stridor, or meningeal signs. No point tenderness elicited.
LUNGS: Clear, symmetrical breath sounds. No blunt trauma noted.
HEART: Regular, without murmurs or rubs.
ABDOMEN: Soft, nontender. No rebound. Bowel sounds are active. The right inguinal area shows a surgical wound that looks intact. The Steri-Strips appear approximated. No hematoma or significant soft tissue swelling noted. Femoral pulses are intact and symmetrical.
ORTHO: Abrasions noted to the right prepatellar area and lower leg, with full range of motion.

[redacted] [redacted]

SKIN: Injuries as above.
NEUROLOGIC: Nonfocal, with symmetrical strength, gait, and deep tendon reflexes.
PSYCHOLOGIC: Alert, coherent, appropriate, and oriented x3.

LABORATORY AND DIAGNOSTIC IMAGING: CT scan of the head, cervical spine, and facial bones is pending.

EMERGENCY DEPARTMENT COURSE: Vicodin 2 orally and tetanus 0.5 mg intramuscularly provided.

PRELIMINARY DIAGNOSES
1. Multiple facial contusions and abrasions.
2. Acute cervical strain.
3. Blunt abdominal trauma.

PLAN: Patient was endorsed to Dr. Lloyd pending imaging results.

<<Signed Electronically>>
SIGNED BY:_____
Orest P. Rywak MD
10/15/11 1221

Dictated by: Orest P. Rywak MD
Transcribed by: RS
D: 10/04/11/1844
T: 10/07/11/2021
Confirmation #: 5541